

3 SPACES

APPLICATION FOR AN OUTDOOR PARKING LICENSE

Application Fee \$20.00 per space

Date 3/23/11

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 4-1-2011

Amount Paid 60.00

☐ New Application

☒ Renewing Application with Additions or Changes 3 spaces

☐ Renewing Application with NO Additions or Changes There were 4 spaces Last Year

Applicant's Legal Name: Faulkner Brothers Inc. Phone: 617-625-8255

Applicant's Address (with Zip Code): 2 Alpine St. Somerville, MA 02144

Applicant's Email Address: fbinfo@faulknerinc.com

Applicant's Federal Employer Identification Number: 04-2305114

Business DBA Name (if applicable): _____

Business Location (with Zip Code): _____

Mailing Name (where we should send correspondence to): P.O. Box 207 Somerville, MA 02148

Mailing Address (with Zip Code): ↓

Emergency Contact: Peter A Dupuis Jr. Phone: 617-625-8255

Type of Business (Check one): ☐ Sole Proprietor ☐ Partnership (inc. LLP) ☐ Trust
☒ Corporation (inc. LLC) ☐ Other _____

IF A SOLE PROPRIETOR:

Owner's Name: _____

Address with Zip Code: _____

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: Michael R. Dupuis

Address with Zip Code: 72 Berkeley St. Reading MA

Partner's/Member's/Secretary's Name: Same as President

Address with Zip Code: _____

Partner's/Member's/Treasurer's Name: Peter A Dupuis Jr.

Address with Zip Code: 2 West Chardon Rd. Winchester, MA

2011 APR - 1 A 8:59
CITY CLERK'S OFFICE
SOMERVILLE, MA

Square Footage of the Space to be Used for Parking: 450 Square Feet.

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant: *Peter A. Dupuis Jr.* Date: 3/23/11

Print Name: Peter A. Dupuis Jr. Phone: 617-625-8255

FOR NEW OR EXPANDING APPLICANTS ONLY:

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The building located at the premises mentioned above is in a _____ Zone.

- ☐ The use is permitted as of right
- ☐ The use requires a special permit
- ☐ The use is prohibited

Maximum number of motor vehicles to be kept on the premises: _____


Signature: _____ Title _____ Date: _____

**MASSACHUSETTS DEPARTMENT OF REVENUE
REVENUE ENFORCEMENT AND PROTECTION (REAP)
ATTESTATION**

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

Faulkner Brothers Inc.

*Signature of Individual or Corporate Name (Mandatory)


By: Corporate Officer (Mandatory, if a corporation)

04-2305114

**Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Faulkner Brothers Inc.

Address of taxpayer/applicant's business in Somerville: 2 Alpine St.

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 617-625-8255 evening: 617-625-8255

I, (print name) Peter A. Dupuis Jr., the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this 23rd day of March, 20 11. Peter A. Dupuis Jr.
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

☐ Real Estate ☐ Water/Sewer ☐ Personal Property ☐ Other: _____

04219034 # 226073011 # 03160032 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

RECEIVED
UB
4-1-11

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: Faulkner Brothers Inc.
Address: 2 Alpine St.
City: Somerville State: MA Zip: 02144 Phone #: 617-625-8253

- ☒ I am an employer with 14 employees (full and/or part time). Business Type: ☐ Retail
☐ I am a sole proprietor or partnership and have no employees. ☐ Restaurant/Bar/Eating Establishment
☐ We are a corporation that has exercised our right of exemption per c152s1(4), and have no employees. ☐ Office and/or Sales (real estate, auto, etc.)
☐ We are a nonprofit organization staffed by volunteers and have no employees. ☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☒ Other Fuel Oil & Service

Workers' compensation insurance information (if applicable):

Insurance Company Name: A. I. M. Mutual Insurance Co.
Address: 222 Berkeley St.
City: Boston State: MA Zip: 02117 Phone #: 617-262-1180
Policy #: 8006305012010 Expiration Date: 11/17/2011

Applicant certification:

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: Peter A. Dupuis Jr. Date: 3/23/11
Print Name: Peter A. Dupuis Jr.

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ Permit/License #: _____
Contact Person: _____ Phone #: _____
☐ Board of Health
☐ Building Department
☐ City/Town Clerk
☐ Licensing Board
☐ Selectmen's Office
☐ Other _____